

EXHIBIT 6

UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)
Form for Requesting Subsequent Test Accommodations
(Steps 1 and 2 CK only)

Note: Do not use this form for Step 2 CS

☒ I have received test accommodations for a prior USMLE Step and am requesting the previously provided accommodations for the Step noted below. (Submitting this form constitutes your official notification. Arrangements will be made once your application is processed.)

☐ I require different accommodations than those previously provided, due to a change in the nature or extent of my disability. (Submitting this form constitutes your official notification. We will review your request and advise you in writing of the decision.)

If there has been a change in the nature or extent of your disability please fill out the Step 1 and Step 2 CK Applicant's Request for Test Accommodations and attach documentation supporting the change in accommodations.

Name: MARIA MAHMOOD
 Current mailing address: 14717 EXBURY LANE, LAUREL, MD 20707
 Daytime telephone number _____ Email Address: _____
 USMLE ID# 51668390 Social Security or National ID# _____
 Requested Examination: _____ Step 1 ☒ Step 2 CK Year 2011
 Signature Maria Mahmood Date 04/29/2011

DO NOT SUBMIT:

- Original documents; keep the original and submit a copy
- Research articles, resumes, curriculum vitas
- Handwritten letters from physicians or evaluators
- Documentation previously submitted to Disability Services
- Documentation previously submitted to your registration entity
- Previous correspondence from Disability Services
- Multiple copies of documentation (i.e., faxed and mailed copies of a document)
- Staples, clips, binders, page protectors, folders, or similar items

Please note that submitting duplicate documentation and/or bound documentation may delay a decision regarding your request as all documentation must be processed.

Mail or fax this form to: Testing Coordinator, Disability Services
 National Board of Medical Examiners
 3750 Market Street
 Philadelphia, PA 19104-3190
 Fax Number (215) 590-9422
 Phone Number (215) 590-9509

RECEIVED
 MAY 03 2011
 Disability Services

If you fax your form, please be sure to telephone Disability Services to verify receipt.

